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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|------------------------------|
| Application Number | 10/750,309 |
| Filing Date | December 31, 2003 |
| First Named Inventor | Bailey et al. |
| Title | Apparatus and Method For ... |
| Art Unit | 3746 |
| Examiner Name | |
| Attorney Docket Number | M02A231 |

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name | Registration Number |
|---------------------|---------------------|
| Joshua L. Cohen | 34,307 |
| David A. Hey | 32,351 |
| Philip H. Von Neida | 34,942 |
| Ira Lee Zebrak | 31,147 |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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|---|--------------------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | The BOC Group, Inc. | | | | |
| Address | Legal Services-Intellectual Property | | | | |
| Address | 575 Mountain Ave. | | | | |
| City | Murray Hill | State | NJ | Zip | 07974 |
| Country | USA | | | | |
| Telephone | 908-771-6469 | Fax | 908-771-6159 | | |

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

| | | | | | |
|-----------|-----------------------|--|--|-----------|--------------|
| Name | Christopher M. Bailey | | | | |
| Signature | | | | | |
| Date | 6-4-2004 | | | Telephone | 925-600-0193 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

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OR

☒ Firm or Individual Name The BOC Group, Inc.

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Address 575 Mountain Ave.

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Telephone 908-771-6469

Fax 908-771-6159

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Michael S. Boger

Signature *Michael S. Boger*

Date 5/3/2004

Telephone 481 47 3325 83 0

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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